



Academic Year  
2003-2004

## NIH Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds

### APPLICATION CHECKLIST

Please use this checklist to make sure all parts of your application are completed.  
This checklist must be submitted with your application to:

National Institutes of Health  
Office of Loan Repayment and Scholarship-UGSP  
2 Center Drive, Room 2E28 (MSC 0230)  
Bethesda, Maryland 20892-0230

Applicant's Name: \_\_\_\_\_  
Address: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_  
E-mail: \_\_\_\_\_

- ☐ Official transcript (high school and college transcript required for college freshmen).
- ☐ Letter of acceptance (for those entering college for the 2003-2004 academic year).
- ☐ Applicant information form.
- ☐ Undergraduate institution certification form. The applicant should fill out Section A. The form was given to the following representative of the undergraduate institution:

Name and Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

- ☐ Applicant recommendation forms. The applicant should fill out Section A of each form. The following persons have been asked to submit recommendations:

1. Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

2. Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

3. Name: \_\_\_\_\_

Institution: \_\_\_\_\_

Telephone: \_\_\_\_\_

Date: \_\_\_\_\_

- ☐ Contract

<div>U.S. Department of Health and Human Services National Institutes of Health</div> <div>NIH Undergraduate Scholarship Program Applicant Information</div>		<div>Applicant's Instructions</div> <div>Please complete all sections of this form, and return it with your signed contract (NIH 2762-4) in the large white prepaid envelope. Do not fold application or contract. See reverse for detailed instructions.</div> <div>◆ Send this application package to the National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2E28 (MSC 0230), Bethesda, Maryland 20892-0230. If you have any questions, please call 1-800-528-7689 or e-mail &lt;ugsp@nih.gov&gt;.</div>	
<div>1. Applicant's Name <i>(Last, first, middle)</i></div>		<div>2. Telephone Numbers <i>(include area codes)</i></div> <div>Daytime (     ) _____</div> <div>Evening (     ) _____</div>	
<div>3. Mailing Addresses</div> <div>Current Address (until May 2003):</div> <div>Line 1 _____</div> <div>Line 2 _____</div> <div>City _____</div> <div>State _____</div> <div>Country _____ ZIP Code _____</div> <div>E-mail _____</div> <div>Permanent Address (after May 2003, if different from above):</div> <div>Line 1 _____</div> <div>Line 2 _____</div> <div>City _____</div> <div>State _____</div> <div>Country _____ ZIP Code _____</div> <div>E-mail _____</div>		<div>4. Social Security Number <i>(We collect your Social Security Number (SSN) to verify your identity, to determine your eligibility for the Undergraduate Scholarship Program, and to keep track of the federal funds you receive. We also use your SSN for servicing purposes under the Undergraduate Scholarship Program. We also use this information to determine the amount of that assistance. See Privacy Act Information in this package.)</i></div> <div>_____ - _____ - _____</div>	
<div>6. College/University Enrollment</div> <div>Are you currently enrolled full-time or accepted for full-time enrollment in an accredited post-secondary institution?    <input type="checkbox"/> Yes                      <input type="checkbox"/> No</div> <div>6a. Name of College/University <i>(If you have applied to post-secondary institutions but have not yet been accepted, please list the school you plan to attend)</i></div> <div><input type="checkbox"/> Enrolled                      <input type="checkbox"/> Accepted for Enrollment</div> <div>6b. Address</div> <div>_____</div> <div>_____</div> <div>_____</div>		<div>5. Citizenship</div> <div>Are you a:    U.S. citizen                      <input type="checkbox"/> Yes    <input type="checkbox"/> No</div> <div>                  or a U.S. national                      <input type="checkbox"/> Yes    <input type="checkbox"/> No</div> <div>                  or a qualified non - citizen           <input type="checkbox"/> Yes    <input type="checkbox"/> No</div> <div>If not a U.S. citizen, give country of citizenship</div> <div>6c. What will your grade level in college be at the beginning of the 2003-2004 academic year (September 2003)?</div> <div><input type="checkbox"/> Freshman</div> <div><input type="checkbox"/> Sophomore</div> <div><input type="checkbox"/> Junior</div> <div><input type="checkbox"/> Senior</div> <div><input type="checkbox"/> Other (please explain)</div>	
<div>7. Certification of Nondelinquent Status</div> <div>The Federal Debt Collection Procedures Act of 1990 precludes a debtor who has a Federal judgment lien against his/her property arising from a Federal debt from receiving Federal funds until the judgment is paid in full or otherwise satisfied. Applicants of the NIH Undergraduate Scholarship Program must certify that they do not have a judgment lien against their property arising from a debt to the United States.</div> <div>I hereby certify that I [do <input type="checkbox"/>] [do not <input type="checkbox"/>] have a judgment lien against my property arising from a debt to the United States.</div> <div>I hereby certify that I [am <input type="checkbox"/>] [am not <input type="checkbox"/>] delinquent on any debt to the United States.</div>			
<div>8. Certification</div> <div>I certify that information given in this application (including any personal statements) is true, complete, and accurate to the best of my knowledge and does not omit any material fact which would render the statement false, fictitious, or fraudulent as a result of the omission. I understand that the information given may be investigated and that any false representation is sufficient cause for rejection of this application, or, if awarded scholarship benefits, that I am liable for return of all awarded funds and, further, that any false statement may be punishable as a felony under U.S. Code, Title 18, Section 1001. I am aware that any false, fraudulent, or fictitious statement may, in addition to other remedies available to the Government, subject me to civil penalties under the Program Fraud Civil Remedies Act of 1986.</div> <div>Signature <i>(Sign your full name in ink).</i></div> <div>Date</div>			
<div>I authorize the program(s) indicated in Section 6 to release information about my academic, financial, service, and any other pertinent information to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized Government officials. This release is valid for six months after completion of all UGSP requirements.</div> <div>Signature <i>(Sign your full name in ink).</i></div> <div>Date</div>			

## NIH Undergraduate Scholarship Program Applicant Information *(continued)*

***This application can be completed on-line at <http://ugsp.info.nih.gov>. Please provide a response to each section in the space provided or on a separate sheet. In either case, you must use a typewriter/word processor. If you use a separate sheet, the type size must be 12-point and your response may not exceed 300 words per question. Responses that do not follow these guidelines will not be considered.***

**9.** What person or event has been most influential in the development of your science career? (You should describe a person or situation that propelled you toward your career path in science or research.)

**10.** Discuss your specific interest in pursuing a career in biomedical, behavioral or social science health-related research and your academic and career goals. Describe how the UGSP would help you to attain your goals, including the non-financial benefits you may attain from the UGSP and NIH.

**11. In responding to the following questions be sure to *only* include those activities and awards that are relevant to your interest in science and biomedical research.**

**a.** Describe extracurricular activities in which you have participated in the past or are participating in currently. (For example - science fairs, science clubs, internships, community service, hobbies.) Describe the specific role you played in the activities.

**b.** List special recognitions, scholastic awards and honors, and any scholarships you have received. Include a short narrative to help us understand the award, scholarship, or recognition.

**c.** Describe any activities, whether voluntary or paid positions, that demonstrate involvement with and/or commitment to biomedical, behavioral or social science health-related research which you participated in during the school year or summer. If you engaged in research, describe the specific role you played in the research project.

**NIH Undergraduate Scholarship Program**  
**Applicant Information** *(continued)*

**12.** How would you evaluate and describe your aptitude in relation to the characteristics listed below? In responding, give specific examples of science-related projects which demonstrate your aptitude in the following areas. Avoid responses "I am very curious" or "I have much initiative." Carefully evaluate and include specific and relevant examples.

a. *Initiative*

b. *Work habits*

c. *Curiosity*

d. *Creativity in problem-solving*

e. *Ability to work as a member of a team*

f. *Leadership skills (Include elected or other positions you have held or projects you have initiated.)*

**NIH Undergraduate Scholarship Program**  
**Applicant Information** *(continued)*

**INSTRUCTIONS FOR APPLICANT INFORMATION FORM NIH 2762-1**

**Official Transcript**

You must request that your academic institution send one official transcript, which includes the school's seal or official stamp, to the UGSP. The transcript should be sent to the National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2E28, (MSC 0230), Bethesda, Maryland 20892-0230. You are responsible for verifying the receipt of your transcript in our office. You may do so by sending us e-mail at <ugsp@nih.gov>. We cannot respond to telephone inquiries.

**Contract (Form NIH 2762-4)**

Please review this document carefully. By signing the contract you are agreeing to serve at the NIH, and if you change your mind once you have accepted a scholarship you may incur substantial penalties. We suggest you review the contract with your guidance counselor, financial aid advisor, and/or parents/guardians.

**Certification (Number 8 on Form NIH 2762-1)**

Your application cannot be considered unless this Certification is signed and dated. Please read it carefully.

**Questions 9-12 (Form NIH 2762-1)**

Your answers to the questions must be typed. Please limit your answers to the space provided or follow the guidelines that precede question 9. **Responses which exceed the space limitation or do not follow the guidelines will not be considered.**

This application can be completed electronically at <http://ugsp.info.nih.gov>

U.S. Department of Health and Human Services  
National Institutes of Health

## NIH Undergraduate Scholarship Program

### Applicant Information: Recommendation

#### Applicant's Instructions:

Please complete Section A. Give this form and one of the envelopes provided to three individuals who can assess your academic, scientific, and other relevant skills and abilities.

#### Recommender's Instructions:

Please complete Section B and return the form in the envelope provided, or mail to National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2E28 (MSC 0230), Bethesda, Maryland 20892-0230. If you have any questions, please call 1-800-528-7689 or e-mail <ugsp@nih.gov>.

#### Section A -- The applicant completes this section.

1. **Applicant's Name** (last, first, middle) Please print.

**2. Applicant's Certification** I certify that I am requesting a recommendation from an individual of my choosing which will be included in my NIH Undergraduate Scholarship Program (UGSP) application. My application, including the completed recommendation forms submitted by my recommenders, will be used by NIH officials to determine my eligibility for participation in the UGSP. I understand that the recommendation I am requesting shall be held in confidence and protected from disclosure by officials of the NIH UGSP according to the Privacy Act System of Records 09-25-0165 (see Confidentiality and Privacy Act Notice in this application package). **I understand that by signing below, I will not have access to this recommendation, based on the promise of confidentiality provided to my recommender in Section B of this form.**

**Applicant's Signature** (sign your full name in ink).

**Date**

#### Section B -- The recommender completes this section.

**Please note** that the information provided in this section **shall be held in confidence and protected from disclosure** by the officials of the NIH Scholarship Program according to the Privacy Act System of Records 09-25-0165 only if the applicant's signature appears above (see Privacy Act Notice in this application package).

1. **Name and Title of Recommender** (Please print)

2. **Name of Organization, Mailing Address, Telephone and E-Mail**

3. **How long have you known this applicant and in what capacity?**

4. **Please assess the applicant in the categories below based on your relationship and familiarity with the applicant compared to other students in the same class year.**

**Superior**  
Among the  
Top 1%

**Outstanding**  
Among the  
Top 5%

**Excellent**  
Among  
the  
Top 10%

**Good**  
Among  
the  
Top  
33%<sup>1</sup>

**Average**  
Among  
the  
Top 50%

**Below  
Average**  
Below the  
Top 50%

**N/A**  
No basis  
for  
Judgment

Interest in science

Ability to complete projects accurately and timely

Writing skills

Analytical problem-solving skills

Oral communication skills

Rapport with peers

Rapport with faculty or supervisor

Ability to adapt to new situations

Initiative

Curiosity

Creativity

Observation skills

5. Please assess the applicant's potential for a career in biomedical, behavioral or social science research and share any observations and inferences that would be useful in predicting this applicant's potential to become a biomedical, behavioral or social science researcher. For example, your comments may include your assessment of some of the following attributes: scientific aptitude, creativity, curiosity, initiative, work habits, and peer relationships.

6. The UGSP scholars will be required to fulfill two service obligations: (1) After each academic year of scholarship receipt, the UGSP scholars will be required to work as NIH employees in the NIH research laboratories for 10 consecutive weeks during the months of June, July, and August. (2) Upon graduation (unless a deferment is granted by the UGSP) scholars are required to begin their service obligation. UGSP scholars incur 1 year of obligated service for each full or partial year of support and are obligated to serve as full-time NIH employees in an NIH research laboratory to fulfill this service obligation. (The maximum service obligation is 4 years.)

**Do you have any reason to believe that the applicant may NOT satisfy either of these service requirements? If so, please explain.**

<p>U.S. Department of Health and Human Services National Institutes of Health</p> <p><b>NIH Undergraduate Scholarship Program</b></p> <p><b>Undergraduate Institution Certification</b></p>	<p><b>Applicant's Instructions:</b> Please complete Section A. Give this form and one of the return envelopes to the financial aid office at the school at which you are enrolled or will be enrolled starting September 2003</p> <p><b>Undergraduate Institution's Instructions:</b> Please complete Section B and return the form in the envelope provided, or mail to National Institutes of Health Undergraduate Scholarship Program, 2 Center Drive, Room 2E28 (MSC 0230), Bethesda, Maryland 20892-0230. If you have any questions, please call 1-800-528-7689 or e-mail &lt;ugsp@nih.gov&gt;.</p>							
<p><b>Section A --</b> <i>The applicant completes this section.</i></p>								
<p><b>1. Applicant's Name</b> <i>(last, first, middle) Please print.</i></p> <p><b>1a. Other Names Used</b> <i>(last, first, middle) (if any school records are maintained under that name)</i></p>	<p><b>2. Social Security Number</b> <i>(We collect your Social Security Number (SSN) to verify your identity, to determine your eligibility for the Undergraduate Scholarship Program, and to keep track of the federal funds you receive. We also use your SSN for servicing purposes under the Undergraduate Scholarship Program. We also use this information to determine the amount of that assistance. See Privacy Act Information in this package.)</i></p>							
<p>I authorize the institution indicated in Section B to release information about my academic, financial, service, and other pertinent information to administrators of the NIH Undergraduate Scholarship Program (UGSP) and to other authorized Government officials. This release is valid for six months after completion of UGSP requirements.</p> <p><b>Signature</b> <i>(Sign your full name in ink)</i> _____ <b>Date</b> _____</p>								
<p><b>Section B --</b> To be completed by Academic Institution Financial Aid Office</p>								
<p><b>1. Enrollment Status</b> Do you expect that this student will be enrolled full-time for the 2003-2004 academic year? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> If currently enrolled, is this student currently in good standing? <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not Applicable</span> Has this student been accepted for enrollment as a full-time student for the 2003-2004 academic year? (For new students.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span> What is the anticipated graduation date for this student? <span style="float: right;">Month _____ Year _____</span></p>								
<p><b>2. Exceptional Financial Need Status</b> Does this student qualify for "exceptional financial need" (EFN) status as defined by the Secretary, Department of Health and Human Services? (See back for definition of EFN.) <span style="float: right;"><input type="checkbox"/> Yes <input type="checkbox"/> No</span></p>								
<p><b>3. Additional Sources of Financial Support</b></p> <p>_____ <i>(name of student)</i> has been awarded the following financial aid for the 2003-2004 academic year:</p> <p>\$ _____ student loans    \$ _____ institutional scholarships    \$ _____ non-institutional scholarships/grants</p> <p>Continuation of this financial aid support (<input type="checkbox"/> will, <input type="checkbox"/> will not) be reduced by receipt of NIH UGSP funding.</p>								
<p><b>4. Calculation of Eligible Tuition, Education, and Living Expenses</b> <i>The UGSP scholarship covers up to \$20,000 per academic year toward (1) tuition, (2) reasonable education expenses, and (3) reasonable living expenses.</i></p> <p><i>Tuition:</i> What is the tuition amount for this student in the 2003-2004 academic year? \$ _____</p> <p><i>Educational Expenses:</i> What are the average educational expenses for the categories listed below during the 2003-2004 academic year?</p> <table style="width: 100%;"> <tr> <td style="width: 50%;">Books \$ _____</td> <td style="width: 50%;">Other (specify) \$ _____</td> </tr> <tr> <td>Laboratory fees \$ _____</td> <td>Other (specify) \$ _____</td> </tr> </table> <p><i>Living Expenses:</i> What are the average room, board, and transportation expenses for the 2003-2004 academic year for this student?</p> <table style="width: 100%;"> <tr> <td style="width: 33%;">Room \$ _____</td> <td style="width: 33%;">Board \$ _____</td> <td style="width: 33%;">Transportation \$ _____</td> </tr> </table>		Books \$ _____	Other (specify) \$ _____	Laboratory fees \$ _____	Other (specify) \$ _____	Room \$ _____	Board \$ _____	Transportation \$ _____
Books \$ _____	Other (specify) \$ _____							
Laboratory fees \$ _____	Other (specify) \$ _____							
Room \$ _____	Board \$ _____	Transportation \$ _____						
<p><b>5. Certification by Academic Institution Financial Aid Office</b> The undersigned institutional representative certifies that, to the best of his/her knowledge, the information reported above is accurate. This Certification should include the school's seal or office stamp.</p> <p><b>Name of School</b> _____</p> <p><b>Financial Aid Administrator's Name</b> <i>(please print)</i> _____ <b>Title</b> _____</p> <p><b>Signature</b> _____ <b>Date</b> _____</p> <p><b>Telephone</b> _____ <b>Fax Number</b> _____ <b>E-mail Address</b> _____</p>								



## Instructions for Undergraduate Institution Certification Form NIH 2762-3

### Exceptional Financial Need Status

**Identification of Individuals from Disadvantaged Backgrounds** (Scholarship applicants must be from disadvantaged backgrounds)

*A student from a disadvantaged background is one who comes from a family with an annual income below a level based on low-income thresholds according to family size, as published by the U.S. Bureau of the Census, adjusted annually for changes in the Consumer Price Index, and adjusted by the Secretary, DHHS, for use in all health professions programs.*

**Qualification of EFN Status.** Applicants who qualify as having EFN status must provide the Financial Aid Director of their undergraduate institution total financial information, including: parent's income and spouse's income (if applicable), regardless of the student's taxable status, and must be of EFN, as defined by the Secretary, DHHS, (see above). This information must be certified by the Financial Aid Director and the institution's certification of an applicant's EFN status must be included with the UGSP application package.

*The Secretary, DHHS, will periodically publish these low-income levels in the Federal Register. (Please see the table below for the most recent determination of low-income levels). If family income for the most recent calendar year is less than the income level indicated on the chart below for the appropriate family size, students fulfill the definition of an individual having exceptional financial need (EFN). Students certified as being of EFN are considered to be from disadvantaged backgrounds.*

#### Low-Income Levels - Secretary DHHS

<i>Size of Parents' Family</i> (Includes only dependents listed on Federal income tax forms)	<i>Income Level</i> (Rounded to the nearest \$100. Adjusted gross income for calendar year 2001.)
1 .....	\$17,720
2 .....	23,880
3 .....	30,040
4 .....	36,200
5 .....	42,360
6 .....	48,520
7 .....	54,680
8 .....	60,840

*Federal Register July 15, 2002: 67 FR 46529*

**NATIONAL INSTITUTES OF HEALTH  
UNDERGRADUATE SCHOLARSHIP PROGRAM FOR  
INDIVIDUALS FROM DISADVANTAGED BACKGROUNDS  
SCHOOL YEAR [ - ]**

**U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
NATIONAL INSTITUTES OF HEALTH  
OFFICE OF LOAN REPAYMENT  
AND SCHOLARSHIP**

Section 487D of the Public Health Service Act ("Act") (42 U.S.C. 288-4) authorizes the Secretary of the Department of Health and Human Services ("Secretary"), acting through the Director of the National Institutes of Health (NIH), to provide individuals selected to be participants in the NIH Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds ("UGSP") with scholarships. In return for these scholarships, applicants must agree to: (a) serve full time as an NIH employee, for a period of 12 months for each academic year of scholarship assistance, and (b) serve full time as an NIH employee for 10 consecutive weeks of each year during which the individual received a scholarship.

The scholarship may consist of payments, in whole or in part, for tuition, and an amount for all other reasonable educational expenses incurred by the student, as determined by the Secretary, and a monthly stipend for up to a 9-month period beginning with the first month of each school year in which the applicant is a participant in the UGSP, the total not to exceed \$20,000 per academic year.

Section 487D of the Act requires applicants to submit with their application such agreements as the Director of NIH determines to be necessary. This contract is one of those agreements. The Director of NIH shall sign only those contracts submitted by applicants who are selected for participation ("Participant"). The terms and conditions for participating in the UGSP for the [ - ] school year are set forth below.

**Section A - Obligations of the Secretary**

Subject to the availability of funds appropriated by the U.S. Congress, the Secretary agrees to:

1. Provide the participant with a scholarship for the school year [ - ] if the participant:
  - a. Is enrolled, or is accepted for enrollment, as a full-time student in an accredited (as determined by the Secretary) educational institution in one of the several states of the United States, the District of Columbia, the Commonwealth of Puerto Rico, the Commonwealth of the Northern Mariana Islands, the U.S. Virgin Islands, Guam, or American Samoa, and
  - b. Is pursuing an approved program of study for the academic year appropriate for a career in a profession determined to be needed by the NIH.
2. If applicable, enter into a contract with the participant's educational institution under which the amounts provided in the scholarship for tuition and other reasonable educational and living expenses are paid directly to the educational institution.
3. Once the UGSP contract is signed by both parties, the Secretary shall obligate such funds as will be necessary to ensure that sufficient funds will be available to award a scholarship in an amount not to exceed \$20,000.
4. If applicable, the NIH will provide employment of at least 10 consecutive weeks during each scholarship year.

**Section B - Obligations of the Participant**

The participant agrees to:

1. Maintain full-time enrollment until completion of the undergraduate course of study for which the scholarship is provided.
2. Maintain an acceptable level of academic standing, as determined by the academic institution in accordance with regulations issued by the Secretary, in each academic year for which a scholarship is provided.

3. Submit to the Secretary, for approval, a course listing for the academic year.
4. Obtain approval from the Secretary before altering the approved course listing.
5. a. Serve full time, as an NIH employee for 10 consecutive weeks during each scholarship year.
- b. Serve 1 year of service, in a manner to be determined by the Secretary, as a full-time NIH employee for each year of scholarship assistance;
  - (i) Such service will begin within 60 days of obtaining the undergraduate educational degree involved unless deferred by the NIH Director. If a deferral is granted, service will begin upon expiration of the deferral period.
6. Comply with the policies of the UGSP and the provisions of Title 42, Code of Federal Regulations, Part 62.

**Section C - Breach of Scholarship Contract**

1. A participant who has entered into a written contract with the Secretary and who-
  - a. fails to maintain an acceptable level of academic standing in the approved course of study for which the scholarship is awarded; or
  - b. is dismissed from the educational institution for academic or disciplinary reasons; or
  - c. voluntarily terminates such enrollment or is dismissed from such educational institution before completion of such course of study; in lieu of any service obligation arising under such contract shall be liable to the United States for the amount that has been paid on behalf of the participant under the contract.
2. After completing the undergraduate degree program for which the scholarship was awarded, in accordance with the guidelines of the UGSP, if the participant fails to either begin his or her service obligation or to complete the obligation, the United States shall be entitled to recover an amount equal to the sum of-
  - a. In the case of contracts totaling a 2-year period of obligated service-
    - (i) The total of the amounts paid by the Secretary on behalf of the participant for any period of obligated service; and
    - (ii) An amount equal to the unserved obligation penalty.
  - b. In the case of contracts totaling a period of obligated service greater than 2 years, and the breach occurs before the end of the first 2 years of such period-
    - (i) The total of the amounts paid by the Secretary on behalf of the participant for any period of obligated service; and
    - (ii) An amount equal to the unserved obligation penalty.
  - c. In the case of contracts totaling a period of obligated service greater than 2 years, and the breach occurs after the first 2 years of such period-
    - (i) The total of the amounts paid by the Secretary on behalf of the participant for any period of obligated service not served; and
    - (ii) If the participant breaching the contract failed to give the Secretary notice that the participant intended a breach of the contract, at least 1 year (or such shorter time as the Secretary determines adequate for finding a replacement) prior to the breach, \$10,000.
3. For purposes of Paragraph 2, above, the term "unserved obligation penalty" means the amount equal to the product of the number of months of obligated service that were not completed by a participant, multiplied by \$1,000.00, except that in any case in which the participant fails to serve 1 year, the unserved obligation penalty shall be equal to the full period of obligated service multiplied by \$1,000.00.

Keep a copy for your records. Please sign and return the one original contract. If you receive an award, a copy of your contract, signed by a designee of the Secretary, DHHS, will be returned to you.

4. The amount the United States is entitled to recover shall be paid within 1 year (or such longer period beginning on such date as specified by the Secretary) of the date the Secretary determines that the applicant has failed to begin or complete the period of obligated service.
5. If damages described in paragraph (4) above, are delinquent for 3 months, the Secretary may, for the purposes of recovering such damages-
  - a. Utilize collection agencies contracted with by the Secretary; or
  - b. enter into contracts for the recovery of such damages with collection agencies selected by the Secretary, or
  - c. collect said damages through deductions in Medicare payments pursuant to section 1892 of the Social Security Act.
6. Any obligation of a participant for payment of damages may be released by a discharge in bankruptcy under Title 11 of the United States Code only if such discharge is granted after the expiration of the 5-year period beginning on the first date that payment of such damages is required, and only if the bankruptcy court finds that nondischarge of the obligation would be unconscionable.

**Section D - Credibility of Graduate Training Toward the Period of Obligated Service**

1. No period of residency will be counted toward satisfying the period of obligated service incurred under this contract.

**Section E - Cancellation, Suspension, Deferrment and Waiver of Obligation**

1. Any service or payment obligation incurred by the participant under this contract will be canceled upon the participant's death.

2. The Secretary may waive or suspend the participant's service or payment obligation, in whole or in part, incurred under this contract if compliance by the participant with the obligation is impossible, or would involve substantial hardship; and if enforcement of such obligation would be unconscionable.
3. The Secretary may defer performance of a participant's period of obligated service if appropriate, e.g., if the participant:
  - a. Pursues and ultimately obtains, within a reasonable period of time, as determined by the Secretary, a degree from an accredited school of medicine, osteopathy, dentistry or other school or program approved by the Secretary; or
  - b. Requests a period of deferment to complete residency or other advanced clinical training which the Secretary determines is consistent with the needs of the Department. Deferments will not be granted for postgraduate medical education conducted or sponsored by a branch of the Armed Forces of the United States.

**Section F - Contract Extension**

1. The participant may annually request extension of this contract, for a period not to exceed 12 months, if the request is submitted in accordance with procedures established by the Secretary.
2. Subject to the availability of funds appropriated by the U.S. Congress, the Secretary may approve a request for contract extension if:
  - a. The request does not extend the total period of scholarship beyond 4 years, and
  - b. The applicant is otherwise eligible for continued participation in the UGSP.

The Secretary or his/her authorized representative must sign this contract before it becomes effective

Applicant's Name (Please Print)	Applicant's Signature	Date
Secretary of Health and Human Services, or designee		Date

**AMENDMENTS**

This Undergraduate Scholarship Program for Individuals from Disadvantaged Backgrounds Scholarship Contract for the [ - ] school year is hereby amended by the Secretary of Health and Human Services and the participant to provide the participant with additional scholarship support for the school years indicated below, under the same terms and conditions set forth in the Scholarship Program contract for the [ - ] school year except to the extent that the terms set forth in the [ - ] school year contract may be subsequently amended by statute or regulation. Disbursements for each school year will begin at the start of that school year.

[ - ] SCHOOL YEAR	Participant's Signature	Date	Secretary of Health and Human Services	Date
[ - ] SCHOOL YEAR	Participant's Signature	Date	Secretary of Health and Human Services	Date
[ - ] SCHOOL YEAR	Participant's Signature	Date	Secretary of Health and Human Services	Date